

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Form No. 1.

(1) PLACE OF BIRTH

County of Beaufort

Township of Beaufort

or
Inc. Town of

or
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 600

File No. For State Registrar Only

92385

Registered No. 138
(For use of Local Registrar)

St.: Ward

(2) Full Name of Child

Limmy Bee

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH June 5, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. Bee

(9) PRESENT POSTOFFICE OF FATHER Paris Island

(10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY 21
(Years)

(12) BIRTHPLACE Paris Island

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth { 1 }

MOTHER.

(14) NAME BEFORE MARRIAGE Diana Smith

(15) PRESENT POSTOFFICE OF MOTHER Paris Island

(16) COLOR OR RACE (17) AGE AT LAST BIRTHDAY 21
(Years)

(18) BIRTHPLACE Paris Island

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth { 1 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at Paris Island M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sarah Bryant

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

191....

Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 191.... (28) Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.